

MISSOURI DEPARTMENT OF NATURAL RESOURCES HAZARDOUS WASTE PROGRAM

BASIC CLOSURE PLAN



NOTE: PLEASE PRINT OR TYPE.									
1. FACILITY INFORMATION									
FACILITY NAME									
ADDRESS CI		ату	ату		:	ZIP CODE			
NEAREST CITY OR TOWN			COUNTY						
TELEPHONE NUMBER (WITH AREA CODE)	ALTERNA	ATE TELEPHONE NUM	BER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)					
WEB SITE ADDRESS		EMAIL ADDRESS (FOR GENER	AL INQUIF	RIES)					
EPA ID NUMBER, IF APPLICABLE	MOIDN	JMBER, IF APPLICABL	E	RESOURCE RECOVERY CERTIFICATION NUMBER, IF APPLICABLE					
NUMBER OF EMPLOYEES (FULL AND PART TIME)	NUMBER	OF VOLUNTEERS		YEARS IN BUSINESS					
2. CURRENT OWNER INFORMATION									
OWNER (OTHER) NAME			TITLE						
ADDRESS		CITY		STATE		ZIP CODE			
TELEPHONE NUMBER (WITH AREA CODE)	CELL PH	ONE NUMBER (WITH A	AREA CODE)	YEARSII	N E-SCRAP BU	SINESS			
3. CONTACT PERSON									
NAME			TITLE						
TELEPHONE NUMBER (WITH AREA CODE)	CELL PHONE NUMBER (WITH AR		AREA CODE)	EMAIL AI					
4. TYPE OF FACILITY									
CHECK ALL THAT APPLY. ATTACH A DETAILED EXPLANATION	OF EACH	1 .							
□ Broker		Collector		☐ Charity/Service					
☐ Demanufacturer		Government		☐ Refurbisher/Reseller					
☐ Transporter		Other							
5. EXPLANATION OF FACILITY OPERATION	ONS								
PLEASE GIVE DETAILED STEPS.									

6. DO YOU PROCESS EQUIP	YES NO			
	UFACTURED, WHAT DO YOU DO WITH THE E			0/_
Resell	MENT AND COMPONENTS BY	Export		% YES NO
IF "YES," WHAT ITEMS ARE SHREDDED?	WENT AND COMPONENTS BY	3HREDDING?		ILES INO
8. SERVICES PROVIDED				
CHECK ALL THAT APPLY.				
☐ Hard Drive Erasure/De	struction (Secure Data Destructi	ion)	Palletizing and P	ickup
Product Tracking Throu	ugh Final Disposition		Other	
9. TYPES OF ELECTRONICS CHECK ALL THAT APPLY.	ACCEPTED			
CHECK ALL THAT APPLY. Adding Machine	☐ Answering	g Machine	П Е	Battery Back-Up
☐ CD/CDRW Drive	☐ Cellular T			Corded Telephone
		•		•
Cordless Telephone	☐ Data Cart	_		Desktop CPU
DVD Drive	☐ Fax Mach	nine		Floppy Drive
☐ Hard Drive	_ ' ' -			Modem
Monitor		tion Machine	<u> </u>	Notebook
☐ Pager	☐ PC and D	igital Camera	☐ F	Photocopier
☐ Printer	☐ Router			Scanner
Server	☐ Speakers	;		Γelevision
☐ Zip Drive	Other			
10. MATERIALS ON SITE				
LIST THE MATERIALS THAT WILL BE MANA DISPOSAL OF THAT VOLUME AND THE CO ESTATE, ETC.)	GED ON SITE, THE MAXIMUM POTENIAL INV NTRACTOR/VENDOR USED TO DETERMINE	/ENTORY (POUNDS OR VO THE VALUE/COST. YOU M	DLUME) STORED AT ANY IAY ALSO LIST PROPERT	YTIME, THE ESTIMATED VALUE OR COST FOR TY ASSETS (VEHICLES, EQUIPMENT, REAL
Material	Maximum Quantity	Value(+)	/Cost (-)	Contractor/Vendor
	Pounds	\$		
	☐ Cubic Feet☐ Pounds	\$	+	
	☐ Cubic Feet☐ Pounds			
	☐ Cubic Feet☐ Pounds	\$	□ + □ -	
	☐ Cubic Feet	\$	_ +	
	☐ Pounds ☐ Cubic Feet	\$	- + -	
	☐ Pounds ☐ Cubic Feet	\$	_ +	
	☐ Pounds	\$		
	☐ Cubic Feet☐ Pounds	\$		
	☐ Cubic Feet☐ Pounds			
	☐ Cubic Feet	\$	□ + □ -	
	☐ Pounds ☐ Cubic Feet	\$	- + -	
	☐ Pounds ☐ Cubic Feet	- \$	- + -	
	☐ Pounds ☐ Cubic Feet	\$	- + -	
Total Material Value/Cost	Gubic Feet	\$	+	

11. STORAGE AREA DECONTAMINATION									
DESCRIBE THE METHOD(S) THAT WILL BE USED TO DECONTAMINATE	-								
DESCRIBE THE TEST(S) THAT WILL BE USED TO VERIFY THE DECONT.	AMINATION.								
Cost for Disposal of Cleaning Debris					\$				
Labor Costs					\$				
Sampling and Testing Costs					\$				
Other Costs:		\$							
				tion Costs	¢				
CONTRACTOR PROVIDING QUOTE		TOTAL DECI	Untamina	tion Costs	φ				
CONTACT NAME		TITLE							
ADDRESS	CITY			STATE	ľ	ZIP CODE			
TELEPHONE NUMBER (WITH AREA CODE)		EMAIL ADDRESS							
, , , , , , , , , , , , , , , , , , ,									
EPA ID NUMBER, IF APPLICABLE		MO ID NUMBER, IF	APPLICABL	E					
12. CLOSURE COSTS									
Total Material Value/Cost (Item 10)					\$				
Total Decontamination Costs (Item 11)					\$				
				Subtotal	\$				
			30% (of Subtotal	\$				
		Tot	al (Subto	tal + 30%)	\$				
13. DO YOU HAVE A CLOSURE AGREEMENT W	ITH ANOTHER	RECYCLER?				Y	′ES 🗌	NO 🗌	
NAME OF RECYCLER			CONTACT N	AME				•	
14. DO YOU HAVE FINANCIAL ASSURANCE IN FINANCE OF INSTITUTE	PLACE?			1	AMOUNT	Y	′ES 🗌	NO 🗌	
NAME OF INSTITUTE					\$				
15. DO YOU AGREE TO ADOPT THE MISSOURI	E-CYCLE STAN	NDARDS' BES	ST MANA	GEMENT		,	/F0 🗆		
PRACTICES AS YOUR STANDARD OPERATING	PROCEDURES	5?		INITIAL			′ES □	NO 🗆	
A CORPORATE OFFICER OR NON-PROFIT BOARD MEMBER MUST SIGN PRACTICES AS ITS STANDARD OPERATING PROCEUDRES.	N A CERTIFICATION ST	TATEMENT THAT IN	IDICATES TH	E BUSINESS IS	S USING TI	HE MOEST	F BEST MAN	IAGEMENT	
16. DISCLOSURE CERTIFICATION									
I certify under penalty of law that I have personally based on my inquiry of those individuals immediate									
true, accurate and complete. I am aware that there	are significant p	penalties for su	ubmitting	false inform	mation,	includir	ng the po	ossibility of	
fine and imprisonment. I am aware that I am respon		ng this informa	ation in a	timely mar	nner an	d will op	perate w	ithin the	
constraints of Missouri environmental law and regu	ilations.				DATE				
PRINTED NAME		TITLE							
Mail completed copy to: MISSOURI DEPA			OURCES				USE ON	LY	
HAZARDOUS WA P.O. BOX 176, JE			0176		DATE REC	EIVED			
PHONE: 800-361-	-4827 or 573-75								
FAX: 573-526-526	סס								